

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

16394

FILED JUN 9 1948

Primary Registration District No. 1003

Registrar's No.

4883

1. PLACE OF DEATH:

(a) County...
(b) City or town... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 1 Mo. 12 Days
(Specify whether
In this community...
years, months or days)

3. (a) PRINT FULL NAME George Mendel

3. (b) If veteran, name war... 3. (c) Social Security No. 490-01-1439

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced... Married

6. (b) Name of husband or wife... Elizabeth 6. (c) Age of husband or wife if alive... 63 years

7. Birth date of deceased... June 22, 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 3 If less than one day hr. min.

9. Birthplace... Waterloo, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation... Maintenance Man in Apt.

11. Industry or business...

12. Name... George Mendell

13. Birthplace... Germany
(City, town, or county) (State or foreign country)

14. Maiden name... Johanna Phoele

15. Birthplace... Germany
(City, town, or county) (State or foreign country)

16. (a) Informant... Elizabeth Mendel

(b) Address... 4733 Morganford

17. (a) Burial (b) Date thereof 5/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Waterloo, Ills.

18. (a) Signature of funeral director... John H. Bollen Sons

(b) Address... 2630 Gravois Av.

19. (a) MAY 27 1943 (b) J. F. Briedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County...
(c) City or town... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No... 4733 Morganford
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... May day... 25,
year... 1943 hour... 7:00 minute... P. M.

21. I hereby certify that I attended the deceased from... April 13, 1943 to... May 25, 1943
that I last saw him alive on... May 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death... Carcinoma of Cecum
with metastasis

Due to... metastasis

Due to...

Other conditions... H/O
(Include pregnancy within 3 months of death)

Major findings:
Of operations...

Of autopsy... Carcinoma of Cecum
with metastasis

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)...

(b) Date of occurrence...

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature... Earl R. Borman (Date received local registrar) (Date signed)

Address... 1515 Lafayette Avenue

Date signed... 5/26/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Robert F. Gebken*

Licensed Embalmer No..... *4144*

P. O. Address..... *2630 Gravois*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.